

2012 Preventive Health and Health Services Program Contracting Update

State & Federal Priorities

The Preventive Health and Health Services (PHHS) Block Grant gives grantees the flexibility to prioritize the use of funds to

- Address emerging health issues and gaps.
- Decrease premature death and disabilities by focusing on the leading preventable risk factors.
- Work to achieve health equity and eliminate health disparities by addressing the social determinants of health.
- Support local programs to achieve healthy communities.

Success is achieved by

- Using evidence-based methods and interventions.
- Reducing risk factors.
- Establishing policy, social, and environmental changes.
- Leveraging other funds.
- Continuing to monitor progress towards selected outcomes and re-evaluate funded activities.

Template Objectives

Agencies should select template objectives that reflect the work they are doing, both programmatically and by essential service. The only time the Community Health Improvement Process and Plan (CHIP) objective should be selected is when the agency is completing a community health assessment or community health improvement plan. Be sure to enter in the GAC under “Context/Background” why this objective is being chosen and the outcome measure being used. For “Input Activities” site the evidence-based strategies, best or promising practices you will be using.

An agency may select more than one objective. Also, an agency may divide their allocation between two different essential services under the program area. For example, if selecting environmental health hazards, the allocation can be split between “Partnerships” and “Enforce Laws and Regulations.”

If an agency chooses to write a unique objective, the program will be involved in the negotiation process.

Boundary Statement & Quality Criteria

Updated with no substantive changes.

Absolute “no’s” for negotiations:

According to PHHS Block Grant guidance, non-allowable uses for these funds include

- providing financial assistance to any entity other than a public or non-profit private entity;
- inpatient services;
- cash payment to recipients of health services;
- purchase or improve land, purchase, construct, or permanently improve a building or facility or purchase major medical equipment;
- use as a match requirement for Federal funds.

Data Collection

An electronic survey report will be due by the end of 2012 and a final report no later than August 2013. Reports will describe

- strategies implemented and outcomes measured;
- challenges or barriers to success;
- actions to address challenges;
- activities used to obtain additional funding, donations or in-kind contributions.

Success stories may be requested.

Staff for Prevention Negotiations

For unique objectives or questions:

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